

TRIAL EXHIBIT 5



Physical Requirements and Working Conditions GO-308

This form is a requirement for all jobs. The GO-308 should be completed by a GO-308 Developer that has completed the Chevron training. Review form instructions prior to filling out this form.

☐ This is an 'interim' GO-308 that has not yet been through the complete OE/FFD GO-308 procedure.

Reporting Unit Information

GO-308 Category: OFFICE BASED JOBS

Reporting Unit Summary (e.g.: Chevron Upstream, Downstream & Chemicals):

Upstream

Reporting Unit RollUp (e.g.: Africa/Latin America, Manufacturing):

INTERNATIONAL UPSTREAM

Reporting Unit Employee (e.g.: Southern Africa, Richmond Refinery):

NIGERIA MID-AFRICA UNIT

Location City:

LAGOS / ABUJA / WARRI /
ESCRAVOS / OXNE

State/Province:

LAGOS / FCT /
DELTA / RIVERS

Country:

NIGERIA

Safety Sensitive ☐Highly Safety Sensitive ☐Non-Safety Sensitive ☒GO-308 Category requires Medical Evaluation: ☒ Yes ☐ NoGO-308 Category requires FCE: ☐ Yes (attach to GO-308) ☒ No

Physical Demands and Frequency

Frequency: N = Never O = Occasionally (1-33% of the day) F = Frequently (34-66% of the day) C = Constantly (67-100% of the day)

Dexterity and Coordination: 1 = Extremely High Ability 2 = Above Average Ability 3 = Average Ability 4 = Below Average Ability 5 = Negligible Ability

Physical Demands

			N	O	F	C
Below Waist Lifting	12 kg	lb/kg	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Above Waist Lifting	0	lb/kg	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One-Hand Carrying	12kg	lb/kg	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two-Hand Carrying	0	lb/kg	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pushing-Max Force	0	lb/kg	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulling-Max Force	0	lb/kg	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forceful Grp	0	lb/kg	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forceful Pinch	0	lb/kg	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sit			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stand			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneel			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squat			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forward Bend - S1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body Twist Static			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back-Lying			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching High Level			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching Medium Level			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching Low Level			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk	300m	f/m	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing-Ladder		f/m	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing-Stairs	12 stairs	f/m	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jump		f/m	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body Twist - Repetitive			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throw		f/m	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawl		f/m	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fingering			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dexterity and Coordination

Manual Dexterity	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Finger Dexterity	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Bi-Lateral Hand Coordination	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/>
Eye-Hand-Foot Coordination	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/>

Motor and Sensory

	Required/Not Required
Balancing	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>
Sense of Touch	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>
Sense of Smell	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>
Speaking Clearly	R <input checked="" type="checkbox"/> NR <input type="checkbox"/>
Hearing-Speech Range	R <input checked="" type="checkbox"/> NR <input type="checkbox"/>
Hearing-All Ranges	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>
Seeing, Reading & Comprehension	R <input checked="" type="checkbox"/> NR <input type="checkbox"/>
Seeing Distant	R <input checked="" type="checkbox"/> NR <input type="checkbox"/>
Seeing Near	R <input checked="" type="checkbox"/> NR <input type="checkbox"/>
Depth Perception	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>
Color Vision	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>
Emergency Evacuation	R <input checked="" type="checkbox"/> NR <input type="checkbox"/>
Swing Rope Test	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>

Other: Physically Strenuous Training - N R

SECTION 3 - WORKING CONDITIONS

R = Required NR = Not Required

Extreme Cold-Below 32° F/0° C	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>	Problem Solving/Independent Decision Making	R <input checked="" type="checkbox"/> NR <input type="checkbox"/>
Extreme Heat Above 100° F/38° C	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>	Multiple Tasks	R <input checked="" type="checkbox"/> NR <input type="checkbox"/>
Dryness	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>	Travel - Domestic	R <input checked="" type="checkbox"/> NR <input type="checkbox"/> <input checked="" type="checkbox"/> Check if > 6 trips/year
Wetness	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>	Travel - International	R <input checked="" type="checkbox"/> NR <input type="checkbox"/> <input checked="" type="checkbox"/> Check if > 6 trips/year
Humidity-Above 90%	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>	Overtime	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>
Confined Spaces	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>	Schedules/Deadlines	R <input checked="" type="checkbox"/> NR <input type="checkbox"/>
Cramped Qtrs.	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>	Shift Duration (hrs/day)	8/9 hours <input checked="" type="checkbox"/> 10/11 hours <input type="checkbox"/> 12/13 hours <input checked="" type="checkbox"/> 14 or more <input type="checkbox"/>
Elevated Heights _____ ft/m	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>	Shift Schedule	Day <input checked="" type="checkbox"/> Night <input type="checkbox"/> Day and Night <input type="checkbox"/> Rotational (define below) <input type="checkbox"/>
Noise-Over 85 Decibels	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>	Other (Describe)	5/2, 1-4/1-4, 28/28
Moving Equipment	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>	Chemicals (List)	
Vibrating-Rotating Equipment	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>	N/A	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>
Explosives	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>		R <input type="checkbox"/> NR <input checked="" type="checkbox"/>
Operate Motor Vehicle	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>		R <input type="checkbox"/> NR <input checked="" type="checkbox"/>
Working Around People/Interacting with Others	R <input checked="" type="checkbox"/> NR <input type="checkbox"/>		R <input type="checkbox"/> NR <input checked="" type="checkbox"/>
Working Alone	R <input checked="" type="checkbox"/> NR <input type="checkbox"/>	Airborne Contaminants (List)	
Operate Computer Station	R <input checked="" type="checkbox"/> NR <input type="checkbox"/>		R <input type="checkbox"/> NR <input checked="" type="checkbox"/>
Operate Office Equipment	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>		R <input type="checkbox"/> NR <input checked="" type="checkbox"/>
Rapid Working Pace	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>		R <input type="checkbox"/> NR <input checked="" type="checkbox"/>
Other _____			

SECTION 4 - PROTECTIVE EQUIPMENT REQUIRED

R = Required NR = Not Required

Frequency

Eye Protection	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>	Torso Protection	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>	Fall Protection	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>
Hearing Protection	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>	Arms, Hands, Fingers	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>	Respirator-Breathing Apparatus	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>
Head Protection	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>	Legs, Feet, Toes	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>	Personal Protection Device (PPD)	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>
Other (Describe)	PHONE HEAD SET				

SECTION 5 - ADVISOR RESPONSIBILITIES (CUSA 000209, 4-15)

ADVISOR

HR BUSINESS PARTNER/SENIOR HR
BUSINESS PARTNER

ASSOCIATE HR ANALYST/HR
ANALYST /SENIOR HR ANALYST

ASSOCIATE HR REPRESENTATIVE/HR
REPRESENTATIVE/SENIOR HR
REPRESENTATIVE

MANAGER

SUPERVISOR

TEAM LEAD

FINANCE SUPERVISOR

SENIOR FINANCE ANALYST

FINANCE ANALYST

CASHIER

LEGAL ADVISOR

ATTORNEY

LEGAL ADMINISTRATOR

GENERAL COUNSEL

Instructions - This portion should be very specific and include complete details of the physical requirements of the job. Use categories only up to the weight that applies to the specific job.

Below Waist Lifting - To move an object, weighing more than 5 lb / 2 kg, from the floor to waist level by supporting it in the air (also includes waist to waist lifting). If rated as lifting, the demand cannot also be rated as another whole body position.			
Weight	Items	Distance (V/H and f/m)	Other Comments
5-10 lb 2-4 kg			
11-20 lb 5-9 kg			
21-50 lb 10-23 kg	Luggage	5V ft	From floor to knee level
51-100 lb 25-45 kg			
>100 lb > 46 kg			

Additional Information: _____

Above Waist Lifting - To move an object, weighing more than 5 lb / 2 kg, from waist level to a higher position, by supporting it in the air. If rated as lifting, the demand cannot also be rated as another whole body position.			
Weight	Items	Distance (V/H and f/m)	Other Comments
5-10 lb 2-4 kg			
11-20 lb 5-9 kg			
21-50 lb 10-23 kg			
51-100 lb 25-45 kg			
>100 lb > 46 kg			

Additional Information: _____

One-handed Carrying - To move or transport an object, weighing more than 5 lb / 2 kg, from one place to another while holding or supporting the object with one hand. Three consecutive steps (i.e. right, left, right) are required for the physical demand to be considered carrying. Fewer than 3 steps is considered lifting. The hand used should be designated.			
Weight	Items	Distance (V/H and f/m)	Other Comments
5-10 lb 2-4 kg			
11-20 lb 5-9 kg			
21-50 lb 10-23 kg	Luggage	200H / m	From accommodation and office to car park. Also from staff bus to airport check-in counter
51-100 lb 25-46 kg			
>100 lb > 46 kg			

Additional Information: _____

Two-handed Carrying – To move or transport an object, weighing more than 5 lb / 2 kg, from one place to another while holding or supporting the object with both hands. Three consecutive steps (i.e. right, left, right) are required for the physical demand to be considered carrying. Fewer than 3 steps is considered lifting.

Weight	Items	Distance (V/H and ft/m)	Other Comments
5-10 lb 2-4 kg			
11-20 lb 5-9 kg			
21-50 lb 10-23 kg			
51-100 lb 25-45 kg			
>100 lb > 46 kg			

Additional Information: _____

Pushing – Exerting a force upon an object so that the object moves away from the force (includes slapping, striking, and kicking away). The height of the hand position present during pushing should be rated as overhead, shoulder, mid-chest, waist, knee, or below knee.

Push Force	Items	Distance (V/H and ft/m)	Hand Position	Other Comments
5-10 lb 2-4 kg				
11-20 lb 5-9 kg				
21-50 lb 10-23 kg				
51 - 100 lb 25 - 46 kg				
>100 lb > 46 kg				

Pulling – Exerting a force upon an object so that the object moves toward the force (includes jerking). The height of the hand position present during pulling should be rated as overhead, shoulder, mid-chest, waist, knee, or below knee.

Pull Force	Items	Distance (V/H and ft/m)	Hand Position	Other Comments
5-10 lb 2-4 kg				
11-20 lb 5-9 kg				
21-50 lb 10-23 kg				
51 - 100 lb 25 - 46 kg				
>100 lb > 46 kg				

Hand Positions

OH – Overhead S – Shoulder MC – Mid Chest W – Waist K – Knee BK – Below Knee

Additional Information: _____

Forceful Gripping – Squeezing firmly using the entire hand, requiring greater than 10 lb / 4 kg of force.

Hand Position	Max Continuous Duration	Force	Description	Other Comments

Additional Information: _____

Forceful Pinching – Squeezing firmly between the thumb and one or more of the opposing fingers, requiring more than 5 lb / 2 kg of force.				
Hand Position	Max Continuous Duration	Force	Description	Other Comments

Additional information: _____

Sitting – To rest the weight of the body upon the buttocks and with back upright.			
Surface	Max Continuous Duration	Description	Other Comments
Ergonomic chair	30 mins	Sitting to work on computer	Also when attending meetings

Additional information: _____

Standing – Remaining on one's feet in an upright and erect position, without moving about, with weight distributed on the feet.			
Surface	Max Continuous Duration	Description	Other Comments
Concrete and tiled surfaces	5 mins	During presentations or when discussing with colleagues and clients	

Additional information: _____

Stooping – To bend forward at the waist while keeping the knees fairly straight. To qualify as stooping, the hips or waist should be bent forward from vertical at least 35 degrees with knees bent no more than 45 degrees from a fully straight position.			
Surface	Max Continuous Duration	Description	Other Comments

Additional information: _____

Kneeling – Supporting the body weight through both knees, with hips relatively straight and knees bent to at least 90 degrees.			
Surface	Max Continuous Duration	Description	Other Comments

Additional information: _____

Squatting / Crouching – To bend both hips and knees so as to sit on the heels with the knees bent and the weight resting on the balls of the feet, or to bend both hips and knees and rest one knee down on the floor. Knees must be bent more than 45 degrees from fully straight position.			
Surface	Duration	Description	Other Comments

Additional information: _____

Forward Bending in Sitting – Bending the upper body forward, at least 75 degrees from vertical, while in a sitting position.			
Surface	Max Continuous Duration	Description	Other Comments

Additional information: _____

Static Body Twisting – Maintaining the body in a position where the lower body remains fairly stationary and the upper body rotates to one side or the other – can occur while the worker is either sitting or standing			
Surface	Max Continuous Duration	Description	Other Comments

Additional information: _____

Back Lying – Lying on one's back to perform work activity. Legs can be bent or straight			
Surface	Max Continuous Duration	Description	Other Comments

Additional Information: _____

Reaching High Level: Moving the arms in any direction away from the body, with hands above shoulder height. Upper arms must be higher than shoulder.			
Distance (V or H)	Max Continuous Duration	Description	Other Comments

Additional Information: _____

Reaching Medium Level: Moving the arms in any direction away from the body, with hands from waist to shoulder height. Upper arm must be at least 45 degrees away from body and no higher than shoulder.			
Distance (V or H)	Max Continuous Duration	Description	Other Comments
3H ft	30 seconds	To reach telephone hand set	Pick up files, books from cabinet

Additional Information: _____

Reaching Low level: Moving the arms in any direction away from the body, with hands below waist. Body is usually in a forward bent/sloping position			
Distance (V or H)	Max Continuous Duration	Description	Other Comments
3V ft	30 seconds	To pick items from locker	

Additional Information: _____

Walking – Moving about on foot, placing one foot down before the other is lifted. Three consecutive steps (i.e. right, left, right) are required for the physical demand to be considered walking. Fewer than 3 steps is considered standing.			
Surface	Distance (ft/m)	Max Continuous Duration	Other Comments
Concrete and tiled surface	300m	10 mins	To discuss with colleagues, attend meetings in other departments and also walk to and from car park Also to attend court proceedings

Additional Information: _____

Climbing - Stairs – Ascending or descending stairs using feet and legs with or without use of hands and arms.			
Type of Climb	Number of Stairs	Max Continuous Duration	Other Comments
Inclined	12	1 min	To the offices and also to attend meetings in other buildings

Additional Information: _____

Climbing - Ladders – Ascending or descending ladder using feet and legs with or without use of hands and arms. The ladder climbed can be either a vertical or A-frame ladder.			
Type of Climb	Number of Rungs	Max Continuous Duration	Other Comments

Additional Information: _____

Jumping – To move oneself from the ground, propelling the body through the air with both feet simultaneously not in contact with the ground surface.

Surface	Distance (ft/m)	Description	Other Comments

Additional Information: _____

Repetitive Body Twisting – Rotation of the trunk during which the lower body remains fairly stationary and the spine and torso rotate to one side or the other, over and over, for at least 3 consecutive repetitions (start right, twist left and back to the right is considered one repetition). Can occur while worker is either sitting or standing.

Surface	No. of Repetitions	Max Continuous Duration	Description	Other Comments

Additional Information: _____

Throwing – To propel an object through the air by releasing from the hand while the arm is in rapid motion.

Object	Distance (ft/m)	Weight (lbs/kgs)	Description	Other Comments

Additional Information: _____

Crawling – Moving around while on hands and knees. Minimum of 3 steps is required to be considered crawling.

Surface	Distance (ft/m)	Max Continuous Duration	Description	Other Comments

Additional Information: _____

Handling – The act of closing the hand with sufficient force as to be able to grasp, hold, turn, or seize an object, requiring less than 10 lb / 4 kg of force. Hand activities that require contact of the palm of the hand with the object.

Hand Position	Max Continuous Duration	Force	Description	Other Comments
MC	5 mins	4 kgf	Handling telephone handset to make or answer calls	

Additional Information: _____

Fingering – The act of picking, sorting, or working primarily with the fingers rather than with the whole hand. Hand activities that do not involve contact with the palm of the hand.

Hand Position	Max Continuous Duration	Force	Description	Other Comments
MC	10 mins	2 kgf	Typing on the keyboard and writing	

Additional Information: _____

Manual Dexterity – Ability to work with hands rapidly and accurately in performing tasks that involve using the whole hand for grasping, holding, turning.		
Scale	Description	Other Comments
3	Holding mouse and telephone handset	Also to handle books
Additional Information: _____		

Finger Dexterity – Ability to move fingers and manipulate small objects rapidly and accurately.		
Scale	Description	Other Comments
3	Required to use computer keyboard	
Additional Information: _____		

Bi Lateral Hand Coordination – The ability to move both hands rapidly and accurately, making precise movements with speed.		
Scale	Description	Other Comments
3	Required for working on the computer	
Additional Information: _____		

Eye-Hand-Foot Coordination – Ability to move hands and feet in coordination with one another in accordance with visual stimulation.		
Scale	Description	Other Comments
5	When ascending and descending stairs	
Additional Information: _____		

Balancing – The ability to maintain bodily equilibrium and stability. The ability to balance on level surfaces (i.e. indoors), uneven surfaces (i.e. outside), ladder, or balance beam.				
Surface	Distance (ft/m)	Feet position	Description	Other Comments
Additional Information: _____				

Sense of Touch – To put the hand or finger or some other body part on an object or individual so as to perceive size, shape, temperature, or texture.	
Description	Other Comments
Additional Information: _____	

Sense of Smell – Perceiving odors or scents by means of the organs in the nose to the extent needed to distinguish or recognize particular odors.	
Description	Other Comments
Additional Information: _____	

Speaking Clearly – To be able to communicate, using the voice, in a manner that is easily perceptible.	
Description	Other Comments
Required to communicate with colleagues and clients	
Additional Information: _____	

Hearing-Speech Range – To be able to hear all sounds in the vibratory wavelength of the human voice.	
Description	Other Comments
Required for effective communication with colleagues and customers	Use of hearing aids is acceptable
Additional Information: _____	

Hearing All Ranges – To be able to hear all sounds in the vibratory wavelength of human hearing.	
Description	Other Comments
To hear sounds at near and distance e.g. alarms, horns etc.	
Additional Information: _____	

Seeing, Reading & Comprehension – To be able to visually perceive the words on a page or object so as to allow the individual to understand what is to be communicated by the printed words	
Description	Other Comments
Required to be able to read emails, policies and other documents	Use of corrective glasses are acceptable
Additional Information: _____	

Seeing, Distant – The ability to see objects that are 20 feet / 6 meters or more from the individual in a manner that allows the individual to make judgments about the object.	
Description	Other Comments
To be able to see other persons, objects or hazards ahead	Use of corrective glasses are acceptable
Additional Information: _____	

Seeing Near – The ability to see objects that are 20 inches / 51 centimeters or less from the individual in a manner that allows the individual to make judgments about the object.	
Description	Other Comments
Required to read clearly, see near objects and recognise colleagues	Use of corrective glasses are acceptable
Additional Information: _____	

Depth Perception – The ability to perceive and judge different distances and spatial relationships between objects.	
Description	Other Comments
Additional Information: _____	

Color Vision – The ability to distinguish and identify differences in colors	
Description	Other Comments
Additional Information: _____	

Emergency Evacuation – The ability to leave a location very quickly in an emergency situation.		
Description	Max Continuous Duration	Other Comments
Employee should be able to vacate facility in the event of emergency and move to muster point	5 mins	

Additional Information: _____

SECTION 3: ADDITIONAL COMMENTS

(Add other Physical Demands, Working Conditions, Personal Protective Equipment or general comments. Attach a separate sheet if necessary.)

SECTION 4: GO-308 DEVELOPMENT SIGNATURES

Check Box

- ☒ Interim Development Signature
(GO-308 has not yet been
through the complete GO-308
procedure)

IWUANYANWU J. / ADEBAYO J. / ENAHOLO B.	CNL / EUROFLOW	76215 / 61172	08 / 01 / 2016
Name	Company	Phone Number	Date (mm/dd/yyyy)

- ☒ Onsite Functional Job Analysis
Performed
(Steps 4, 5 and 6 of the OE-
FFD GO-308 procedure have
been completed)

IWUANYANWU J. / ADEBAYO J. / ENAHOLO B.	CNL / EUROFLOW	76215 / 61172	08 / 10 / 2016
Name	Company	Phone Number	Date (mm/dd/yyyy)

- ☒ Final Developer Signature
(Steps 4, 5 and 6 of the OE-
FFD GO-308 procedure have
been completed)

IWUANYANWU J. / ADEBAYO J. / ENAHOLO B.	CNL / EUROFLOW	76215 / 61172	/ /
Name	Company	Phone Number	Date (mm/dd/yyyy)

SECTION 5: PHYSICIAN / PHYSIOTHERAPIST / NURSE / OTHER HEALTH CARE PROVIDER SIGNATURES

MRS. OLUFEMI AFOLABI	CNL / MGR. HR ADMIN AND SERVICES	68111	03 / 26 / 2013
Name	Signature	Company / Job Title	Phone Number
MRS. M. O. AKEREDOLU	CNL / SUPV. OFFICE SUPPORT SERVICES	68191	03 / 26 / 2013
Name	Signature	Company / Job Title	Phone Number
DR. O. C. PITAN	CNL / CH PHYSICIAN	61807	05 / 26 / 2013
Name	Signature	Company / Job Title	Phone Number
Name	Signature	Company / Job Title	Phone Number
Name	Signature	Company / Job Title	Phone Number

Rev. 2008, Health and Medical

GO-308 (4-15)
Word Electronic Version

Please make sure to complete Section 8 and 9 during the reevaluation process.

Supervisor	AKEJU OSARETIN / OKUGO ANTHONY / NENGITE LUCKY		10/20/2016
	Print Name	Signature	Date (mm/dd/yyyy)
Management	EFFIONG ANTHONY / ABIOLA NNAOBI / MOIJETAN NED		11/04/2016
	Print Name	Signature	Date (mm/dd/yyyy)
GHM / Designee	DR. O. C. PHAN		11/07/2016
	Print Name	Signature	Date (mm/dd/yyyy)

Completed GO-308 and Functional Capacity Evaluation (FCE), if appropriate, sent to GO308@Chevron.com 11/09/2016
Date (mm/dd/yyyy)

GO-308 Physical Requirements and Working Conditions Form Instructions

The term Developer will be used to identify the company/person that will develop/update the GO-308. The GO-308 forms should be re-evaluated and updated at least every five years, or earlier, if the job scope or physical requirements / working conditions change.

Section 1 – Position Information

GO-308 Category: Combination of position titles with like physical requirements and working conditions

Supervisor: Complete all areas of this section with the assistance from your HR Business Partner, Operational Excellence SBU Fitness for Duty Process Advisor, HES Specialist and Global Health and Medical (GHM) (if needed)

Reporting Units (RUs): Are distinct organizations that report a set of operational results on an ongoing basis to Chevron's Office of the Chairman. There are three RU levels

- Summary RU: represents a broad area of Chevron, such as Downstream and Chemicals or Chevron Upstream or Gas and Midstream
- Rollup RU: represents major areas of Chevron, such as Manufacturing or North America Exploration & Production or Pipeline
- Employee RU: represents a further breakout of operational areas, such as El Segundo Refinery, LABU or MidContinent

Examples of RU Hierarchy (this is only a partial listing) are below. For some Reporting Units, Employee RU is the same as the Rollup RU

Summary RU	Rollup RU	Employee RU
Corporate Staffs	Business Development	Business Development
	Executive Staff	Executive Staff
	Law, Governance & Compliance	Law
		Governance
		Compliance
Downstream & Chemicals	Lubricants	Americas Finished Lubricants
	Manufacturing	Richmond Refinery
Chevron Upstream	North America Exploration & Production	MidContinent
	Africa/Latin America (CA-LAEP)	Southern Africa, Latin America (LABU)

	Production	
	Africa/Latin America (CALAEP)	Southern Africa, Latin America (LASU)
Gas and Midstream	Pipeline	Pipeline
	Shipping	Shipping
Technology, Projects and Services	Information Technology	Information Technology
	Energy Technology	Energy Technology

Location City, State/Province, Country: Identify the actual work location information

Safety Sensitivity: Identify if position is safety sensitive, highly safety sensitive, or non-safety sensitive

Medical Evaluation: Check the appropriate box. GHM and/or their designees are available for consultation.

FCE: Check the appropriate box. If a FCE is required, attach the FCE protocol with the completed GO-308.

Section 2 – Physical Requirements (Summary)

Developer: Complete this section after completing/updating GO-308

Frequency: N = Never O = Occasionally (1-33% of the day) F = Frequently (34-66% of the day) C = Constantly (67-100% of the day)

Dexterity and Coordination: 1 = Extremely High Ability 2 = Above Average Ability 3 = Average Ability 4 = Below Average Ability 5 = Negligible Ability

Motor and Sensory: R = Required NR = Not Required

Section 3 – Working Conditions

Developer: Complete this section after completing/updating the GO-308

Section 4 – Protective Equipment Required

Developer: Complete this section after on-site analysis of the job

Section 5 – Individual Position Titles

Jobs that can be combined, for GO-308 purposes, based upon physical demands. A GO-308 is not a requirement at this level, provided the position is covered at the GO-308 Category level.

Developer: Complete with assistance from SBU HR Business partner, HES Specialist, Operational Excellence SBU Process Advisor and GHM (if needed) after all the GO-308's have been developed for SBU.

Section 6 – Physical Requirements (Detailed)

Developer: Complete this section based on job analysis questionnaire, on-site analysis, and position interviews. This section should be very specific and include complete details of the physical requirements of the job

Section 7 – Additional Information

Developer: Use this section to document any items not previously documented

Section 8: GO-308 Development Actions Taken

Developer: Complete Quality Assurance review of the GO-308 form prior to obtaining required signatures and submitting to the GO-308 Repository for uploading

Interim Developer Signature: This GO-308 has not been through the complete GO-308 procedure. Please check the box and sign and date the form. Your signature acknowledges that this is an Interim GO-308 and this GO-308 has not been through the complete GO-308 procedure for the positions listed.

Onsite Functional Job Analysis Performed: Steps 4, 5 and 6 of the OE-FFD GO-308 procedure have been completed (box checked in above section). Please check the box and sign and date the form.

Final Developer Signature: Steps 4, 5 and 6 of the OE-FFD GO-308 procedure have been completed (box checked in above section). Please review the GO-308 form for accuracy, then check the box and sign and date the form. Your signature will acknowledge that the GO-308 accurately describes the physical requirements and working conditions of the positions listed.

Section 9 – Steering Team (recommended) or Local Management Review and Approval (Original Development of GO-308)

This section is provided to document agreements of the GO-308 steering team or local Management. The steering team may include the following types of roles: Fitness for Duty Process Advisor, Human Resources, HES Managers, Union Stewards, and/or Global Health and Medical (GHM) and/or their designee.

Steering Team or Local Management: Obtain appropriate signatures and complete team member roles. Individual signatures will acknowledge that you approve the GO-308 and agree with the Medical Evaluation and FCE requirements

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Section 10 – Signature Updated

This section is provided for when the GO-308 is updated

Developer: Obtain appropriate signatures

Supervisor: Your signature will acknowledge that the GO-308 has been revalidated and accurately describes the physical demands of the positions listed

Section 11 – GO-308 Repository

Developer: Email the completed GO-308 word document (.doc) including the FCE, if appropriate to GO308@Chevron.com for uploading into the GO-308 repository.

GO-308 Developer: Maintain all GO-308 documentation as outlined in the OE - Fitness for Duty process: Creating and updating the GO-308 Procedure

Global Health & Medical (GHM): Perform administrative review of the GO-308 prior to uploading into the GO-308 repository. Return incomplete GO-308 forms to the supervisor for completion